per week. None were JAG accredited for any procedures. 50% cited conflicting surgical commitments as the reason in failing to access training, with 29% and 21% stating absence of training lists and competition with medical trainees, respectively.
Conclusion: Our results reflect a poor use in JAG approved services and attendance to training lists. Questioning trainees nationally to ascertain whether similar issues exist elsewhere is needed, especially when considering EWTD and the debate as to whether surgeons should continue to deliver endoscopy services in the long term.

0658: QUALITY IMPROVEMENT PROJECT ON THE ACUTE SURGICAL HOUSE-OFFICER BLEEP

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Aim: Whilst the bleep is an essential method of communication,it can lead to interruptions in patient-care.A quality-improvement project was carried to monitor the appropriateness of bleeps and to investigate any solutions in reducing numbers.
Methods: For a 'control' week all the bleeps to the acute F1 were recorded. The time between the bleep and a phone was found, call length,the purpose of the call and the appropriateness of the bleep were recorded.As a result,implementations were made including:wi-fi phones for the doctors,discussions were held with nursing staff about the bleep and posters were placed on the wards.All bleeps were re-audited over 2 days.
Results: Following our implementations, the average daily number of bleeps fell 47.8%(22 bleeps c.f. 41.17) and only 8.4% of bleeps were deemed to be inappropriate compared to 36% prior. As a result of the wi-fi phones:the average time between the bleep and a phone found was reduced by 53.9%(148 c.f. 58.2 seconds)and the average call length was reduced by 23.2%.This led to a cumulative reduction on the F1's time spent answering bleeps from 152.05 to 53.36 minutes daily.
Conclusion: Our recommendations led to fewer interruptions from the bleep on ward-rounds. Doctors were able review patients efficiently and communication within the team improved, ultimately leading to enhanced patient-care.

0660: THE PARE PROJECT: OPTIMISING SURGICAL CARE THROUGH EMERGING TECHNOLOGY

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Aim: Excellent surgical care requires optimal management of medications. Replacement of paper prescriptions with electronic systems is recommended to reduce medication errors but few effective technologies exist to deliver this change. Near Field Communications (NFC) is an emerging technology allowing data transfer between mobile devices. The Prescription Administration Review with Electronics Project aimed to design an NFC based medication system for simulated teaching and clinical practice. We aimed to determine NFC use reduced medication errors while providing innovative training.
Methods: A system using electronic tablets and NFC tags to replace paper prescriptions was designed. It allowed medication, prescription and review tasks to be conducted by various healthcare disciplines. Student healthcare providers were invited to conduct simulated medication tasks. Errors produced using the PARE system were compared against use of a paper system.
Results: A significant difference was seen between median prescribing errors and mean administration errors committed using the PARE system and the paper system (4.5 versus 0.18, $p < 0.05$ and 2.3 versus 0.8, $p < 0.05$).
Conclusion: This emerging technology can be incorporated into training to produce an innovative educational tool. We anticipate developing this system for use in the clinical environment to deliver optimal surgical care.

0677: ABNORMAL ANATOMY: ARE OUR SURGICAL TRAINEES BEING TRAINED?

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Aim: For the aspiring surgeon, knowledge of human anatomy is essential. It underpins the specialty and, crucially, a detailed knowledge of its minutiae is essential for postgraduate examinations. This study sought to explore trainees' knowledge of anatomy upon commencing Core Surgical Training and further revisited the same cohort of trainees to assess attainment over the period of the first training year.
Methods: Qualitative feedback was collected from 95 pre-MRCS CST1 doctors from the Yorkshire & Humber and North Western Postgraduate Deaneries using free-text and multiple-choice questions. Trainees were encouraged to reflect on their knowledge of anatomy as new CST1 entrants. Information was also sought to establish provision of formal anatomy teaching during CST1 in preparation for examinations and subsequent higher surgical practice. Access to learning resources was also explored.
Results: Trainees reported a lack of formal anatomy teaching as part of their curriculum alongside little exposure to learning resources. Respondents also strongly highlighted an absence of examination tuition or coaching; as is commonplace amongst other specialty trainees.
Conclusion: This study exposes a gap in the education of junior surgeons. A worrying deficiency of prescribed tuition in anatomy and lack of Deanery-led preparation for postgraduate ecaminations begs the question: are surgical trainees really being trained?

0686: SIMULATION IN UNDERGRADUATE MEDICAL EDUCATION: DESIGNING A PROGRAMME TO IMPROVE MEDICAL STUDENTS' NON-TECHNICAL SKILLS

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Aim: It is essential for medical students to develop not only clinical but also non technical skills, however opportunities are limited in the undergraduate training and simulation is still underutilised[1]. We aimed to assess medical students' clinical and non-technical skills (NTS) according to their simulation exposure.
Methods: Final year medical students were either exposed to an intense simulation programme (group A) or received ad-hoc simulation training (group B). Scenarios were regarding common medical emergencies. We used the ANTS scoring system and a scoring system was designed to assess clinical skills. Mann–Whitney U test was used for statistical analysis.
Results: 65 medical students received simulation sessions. Both groups demonstrated good clinical skills (median score of 14/16). Group A demonstrated better non technical skills than group B. Specifically with regards to Task Management, Situational Awareness and Decision Making group A had acceptable performance (median score 3) whereas group B had poor (median score = 2), ($p < 0.01$). Both groups demonstrated acceptable Team Working skills (median score = 3), ($p > 0.05$).
Conclusion: Offering an intense simulation programme may significantly improve medical students' non technical skills and therefore consideration must be given in implementing a simulation curriculum into the final year of undergraduate training.

0704: PERCEPTION, CAREER CHOICE AND SELF-EFFICACY OF MEDICAL STUDENTS AND FOUNDATION DOCTORS IN UROLOGY: A NATIONAL SURVEY

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Aim: There exists a growing concern for the reduced clinical exposure to urology at the undergraduate level. Student views towards this speciality remain under-reported.
Methods: Participants were recruited via social media, an emerging platform for scientific discussion.
Results: 478 responses were collected. 41% reported a good clinical exposure as part of their training. 6% of students ranked urology as the surgical speciality they would most like to pursue a career in. 37% felt confident at catheterisation. 46% regarded urology as male-dominated, which significantly increased with year of study ($p < 0.01$).